Job No. L516-01

Dear Panel Member:

We hope you'll help us. This nutrition and exercise survey will identify the eating and exercise habits of 4th and 5th grade children in California. Regarding your child's eating habits, we are interested in only the foods or beverages your child ate/drank in nine different categories. The survey is a project of the California Department of Health Services and the Public Health Institute.

Your child's participation in this study will help the California Department of Health Services find new and better ways to encourage children to eat well and exercise more often so that they will stay healthy, do well in school and form healthy habits before they reach adulthood. Your child has the opportunity to influence health programs for 4th and 5th grade children in California.

We want your child, whose age and sex are closest to that appearing on the upper left-hand corner of the enclosed journal, to be the one who works with you to complete the journal. (If you have more than one child who is this age/gender, pick only one child to participate.) **Will you please encourage your child to complete this survey and her complete it?** To do so please:

- ✓ Read the enclosed questionnaire. Pick two consecutive school days as your child's survey days.
- ✓ Sit down with your child at the end of each of two consecutive school days (for example, Monday and Tuesday; Tuesday and Wednesday; Wednesday and Thursday; or Thursday and Friday) before he/she goes to bed. Your child may find it easier to remember the foods he/she ate or in what types of exercise he/she participated if you talk about what he/she did that day, starting with his/her morning activities. For example, you may want to ask your child to close his/her eyes and try to visualize what he/she ate during specific meals or times of the day.
- ✓ Help your child complete the survey by answering any questions he/she may have. Encourage your child to write or say what he/she actually ate (or how much he/she actually exercised), not what he/she was supposed to eat or what you want him/her to eat. There are no right or wrong answers.
- ✓ Review the completed questionnaire with your child before mailing it to us.

In a few weeks, we may also call you to talk with your child, over the telephone, to find out how he/she feels about nutrition, exercise and health.

Your child's answers will be combined with other children's responses so that after this interview we will not be able to tell which answers were your child's. We will always keep your child's answers confidential. If you do not want your child to participate in the California Department of Health Services' study, please check the box below and return the questionnaire in the enclosed, postage-paid envelope.

I have read your letter and do <u>not</u> want my child to participate in this study. Here is why: <i>Please write your reason here</i> :
•

If you would like your child to participate, please ask him/her to read the box below and show him/her this journal.

TO THE CHILD WHOSE AGE AND SEX ARE SHOWN ON THE ENCLOSED JOURNAL:

I hope that you will answer our questions. If you complete this journal and return it to me, **you'll receive a small gift from us.** In addition, if you participate and return your journal to us in the next week, we'll put your name in a drawing for special prizes. The questions are easy to answer, and there are no right or wrong answers. Your completed journal will help the State of California, your school and your community with their plans to help kids like you eat well and be healthy.

When you complete your journal, please return it in the postage-paid envelope. I am looking forward to hearing from you.

The special drawing is open to the members of the Consumer Mail Panel who were sent this survey. No purchase is necessary to enter. Market Facts, Inc., will select the winners by a random drawing in June 1999. Winners will be notified on or before June 15, 1999.

This drawing is void where prohibited by law and is subject to state and federal regulations.

Cordially,

Marie

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				DAY ONE							
1.	1. Indicate the school day represented by Day One of your child's journal. ("X" ONE Box) Monday										
			DAY C	NE: Breakfast/Morning Meal							
2.	Did your child eat or drink anythir Yes	-	_	or not? ("X" ONE BOX) No □ 2 → (S)	KIP TO	QUESTION	ı 7)				
3.				other," write in where. ("X" ALL THAT			,				
	Home										
	Served by school cafeteria Served by fast food restaurant at										
	At a school vending machine Convenience store			. 4 Other: (PLEASE SPEC	IFY)					□ 9	
4. Did v	our child eat/drink any of the follow			5. What types of foods/beverage did	vour					of each did	
or not?	("X" ONE BOX FOR EACH FOOD CA	TEGORY)	child eat/drink in this category?	,	your chil serving i If less th "1/2." ("; NUMBER	d eat s you an 1 X" O	/drink <i>Ir chil</i> servir NE B C EACH	in this d's noi ng, "X" OX OR I	s category? A rmal portion. ' the box under WRITE IN A RECORDED AT	
	-1		N.			QUESTIO			•	More than 3	
Breakfa	ategory ast cereals (only) Under	Yes □1	No □2	a)	→	Less	1 □1	2 □2	3 □3	(write in)	
type of	n 5, write the brand name of each hot or cold cereal. No need to	Go to	↓ Go to next		→ → →				Пз		
	preads, crackers or pasta.	Q. 5	item below	d) e)	\rightarrow			\square_2	□3 □3		
	SERVING TIP: a serving is your normal portion or bowl.			If your child ate more than one type o cereal, indicate how much of each ce							
Fruits,	vegetables, 100% juices	□ 1	□ 2	type he/she ate.	>			□ 2	□ 3		
write the	ble or fruit), salads If a juice, e brand name of the juice; if a	Go to Q. 5	Go to next		→ → →			\square 2 \square 2 \square 2	□3 □3 □3		
one line	ruit or vegetable), list the salad on e only and describe what it	Q. J	item below	d) e)	\rightarrow						
	eu. SERVING TIP: a serving is a glass			Include the brand name of juices. not include French fries or hash brow	Do ns in						
of juice, or a big fruits or	a piece of fruit, a bowl of salad, scoop of cut vegetables; include vegetables that were part of a asserole, etc.			this section; instead, include them wit "High-fat snacks" section.							
Protein	(meats, fish, poultry, nuts, eggs) peanut butter, lunch meats and	□ 1	□2 ↓	a) b)	\rightarrow	□0 □0		□2 □2	□3 □3		
canned	meats. SERVING TIP: a serving is a slice	Go to Q. 5	Go to next item		$\stackrel{\checkmark}{\rightarrow}$			\square_2	□3 □3		
	, a scrambled egg, a handful of		below	e)	÷	□ 0	□1	□ 2	□3		
Dry bea	ans (lentil, black, chili, pinto, dried split peas) <i>Include dry beans</i>	□1	□2 ↓	How many servings?	\rightarrow	□0	□ 1	□ 2	□3		
	vere part of a soup, salad,	Go to Q. 6	Go to next item	(No need to record the type of beans he/she ate.)	that						
scoop o	SÉRVING TIP: a serving is a of cooked dry beans, a bowl of chili		below	,							
with bea	ans, etc. nilk (regular milk, chocolate milk,	1	□ 2	□1 Whole milk	\rightarrow	□0	□ 1	□ 2	□ 3		
milksha	kes) Include milk that your child over cereal as well as flavored	Go to	\downarrow	□2 2% fat milk □3 1% fat milk	$\stackrel{\downarrow}{\rightarrow}$			\square_2	□3 □3		
content.	r flavored milk, indicate its fat , not its flavor.	Q. 5	item below	□4 Skim/fat-free/non-fat milk □5 Milkshake	$\overset{\rightarrow}{\rightarrow}$			\square_2	□3 □3		
	SERVING TIP: a serving is a glass n of milk or milk poured over a			☐6 Don't know fat content of milk	\rightarrow	□₀	□ ₁	□ 2	□3		
Cheese	e (American, cheddar, cottage, ella on pizza)	□1	□2 ↓	How many servings?	→	□0	□ 1	□ 2	□3		
₽Q. 6 S	SERVING TIP: a serving is a slice se, cheese on a slice of pizza, or	Go to Q. 6		(No need to record the type of cheese he/she ate.)	e that						
a servin	of a dish that contained cheese. oft drink Indicate the type of	1	below □2	□1 Regular soda/pop	→	□₀	□ 1	□2	□3		
soda/so	off drink indicate the type of off drink your child drank; no need de the brand name; include soft	Go to	\downarrow	□2 Diet soda/pop □3 Drink-ade (Hi-C, Sunny Delight)	$\overrightarrow{\rightarrow}$				□3 □3		
	hat are <u>not</u> carbonated.	Q. 5	item below	□4 Bottled, pre-sweetened tea (Arizona, Snapple)	$\stackrel{\checkmark}{\rightarrow}$				□3		
	SERVING TIP: a serving is a an or bottle of soda or other			□5 Flavored and sweetened bottled water (Clearly Canadian)	\rightarrow	□0	□ 1	□ 2	□3		
sweeter Punch.	ned beverage like Hawaiian			□6 Other; specify:	\rightarrow	□0	□ 1	□ 2	□3		
candy o	Any type of sweet baked good, or frozen dessert (muffins, donuts,	□1	□2 ↓	a)b)	→ →	□0 □0	□1 □1	□2 □2	□3 □3		
cookies bars, ca	, brownies, cakes, pies, candy andy, ice cream)	Go to Q. 5	Go to next item	c)	\rightarrow				□3 □3		
æQ. 6 S donut, a	SERVING TIP: a serving is a a slice of pie or cake, a brownie, a		below	e) Write the types of sweets by name.	\rightarrow	□0	□1	□ 2	□3		
cookie, cream.	a candy bar, or a scoop of ice					47					
						½ or Less	s	M	L	Supersize	
chips, c	t snacks that aren't sweet (potato orn chips, French fries, popcorn	□1 O- 4-	□2 ↓	a) b)	$\stackrel{\rightarrow}{\rightarrow}$				□3 □3	□4 □4	
with but browns	ter, fried onion rings, hash)	Go to Q. 5	Go to Q. 7	(c) (d)	$\stackrel{\rightarrow}{\rightarrow}$				□3 □3	□4 □4 □	
	SERVING TIP: indicate the size of			e)	→	□0	□ 1	□ 2	□3	□4	
	ion – was it a small, medium, supersize serving/bag/box?										

7.	Did your child eat or drink anythir	ng for a r		ONE: Mid-Day Meal or Lunch						
7.				No \square 2 \rightarrow (Sh	(IP TO	QUESTION	N 12)			
8.				al/lunch? If "other," write in where. ("X"						_
	Home Served by school cafeteria									
	Served by fast food restaurant at	school.		. \square 3 Day care provider or f	acility/					
	At a school vending machine Convenience store				,					🔲 9
9. Did	d your child eat/drink any of the foll	owing fo	or a mid-	10. What types of foods/beverage of	did	11. Ho	w ma	any se	erving	s of <u>each</u> did
day me	al/lunch or not? ("X" One Box for ATEGORY)	ЕАСН		your child eat/drink in this category?		your chil serving i If less th "1/2." ("	d eat is you an 1 X" O l	/drink ır chil servii NE B C	in this d's no. ng, "X' OX OR	s category? A rmal portion. ' the box under WRITE IN A RECORDED AT
						QUESTIC ½ or				More than 3
	ategory ast cereals (only) Under	Yes □1	No □2	a)	→	Less □0	1 □1	2 □2	3 □3	(write in)
Questio	on 10, write the brand name of pe of hot or cold cereal. No need	Go to	\downarrow Go to next	(b)	\rightarrow			\square_2	□3 □3	
	rd breads, crackers or pasta.	Q. 10	item	d)	$\stackrel{\rightarrow}{\rightarrow}$			\square_2	□3 □3	
	SERVING TIP: a serving is your		below	e)	→	□0	Ш1	□ 2	□ 3	
child's r	normal portion or bowl.			cereal, indicate how much of <u>each</u> certype he/she ate.	real					
Fruits,	vegetables, 100% juices ible or fruit), salads <i>If a juice,</i>	□1	□ 2	a) b)	$\stackrel{\rightarrow}{\rightarrow}$	□0 □0			□3 □3	
write the	e brand name of the juice; if a fruit or vegetable), list the salad on	Go to Q. 10	Go to next	c)d)	→ → →				□3 □3	
	only and describe what it	4	below	e)	ź				□ ₃	
<i>₽</i> Q. 11	SERVING TIP: a serving is a f juice, a piece of fruit, a bowl of			Include the brand name of juices. Inot include French fries or hash brown this section; instead, include them with	ns in					
salad, c include	or a big scoop of cut vegetables; fruits or vegetables that were part w, casserole, etc.			"High-fat snacks" section.						
	(meats, fish, poultry, nuts, eggs) peanut butter, lunch meats and	□1	□2 J	a)b)	\rightarrow				□3 □3	
canned		Go to Q. 10	Go to next	c)	$\stackrel{\checkmark}{\rightarrow}$				□3 □3	
slice of of nuts,	meat, a scrambled egg, a handful	4	below	d) e)	ź				□3	
Dry bea	ans (lentil, black, chili, pinto,	□ 1	 2	How many servings?	→	□0	□1	□ 2	□3	
if they v	dried split peas) <i>Include dry beans</i> vere part of a soup, salad,	Go to		(No need to record the type of beans	that					
	SERVING TIP: a serving is a	Q. 11	item below	he/she ate.)						
	of cooked dry beans, a bowl of chili ans, etc.									
Fluid m	nilk (regular milk, chocolate milk, kes) Include milk that your child	□1	□2 √	□1 Whole milk □2 2% fat milk	$\overset{\rightarrow}{\rightarrow}$			□2 □2	□3 □3	
poured	over cereal as well as flavored r flavored milk, indicate its fat	Go to Q. 10	Go to next item	□3 1% fat milk □4 Skim/fat-free/non-fat milk	$\stackrel{\cancel{\rightarrow}}{\rightarrow}$				□3 □3	
content	, not its flavor.	ς σ	below	□5 Milkshake □6 Don't know fat content of milk	$\stackrel{\checkmark}{\Rightarrow}$				□3 □3	
glass or	SERVING TIP: a serving is a rearton of milk or milk poured over			Don't know lat content of milk	7				ľ	
Cheese	of cereal. (American, cheddar, cottage,	□ 1	□ 2	How many servings?	\rightarrow	□0	□ 1	□ 2	□3	
mozzar	ella on pizza) SERVING TIP: a serving is a	Go to		(No need to record the type of cheese	that					
pizza, o	cheese, cheese on a slice of or a serving of a dish that ed cheese.	Q. 11	item below	he/she ate.)						
Soda/s	oft drink Indicate the type of	□ 1	□ 2	□1 Regular soda/pop	\rightarrow	□ ₀		□2 □2	□3	
to include	off drink your child drank; no need de the brand name; include soft	Go to		□2 Diet soda/pop □3 Drink-ade (Hi-C, Sunny Delight)	\rightarrow				□3 □3	
	hat are <u>not</u> carbonated.	Q. 10	item below	□4 Bottled, pre-sweetened tea (Arizona, Snapple)	\rightarrow			□2 □	□3 -	
glass, c	SERVING TIP: a serving is a an or bottle of soda or other			□5 Flavored and sweetened bottled water (Clearly Canadian)	\rightarrow	□0		□2 -	□3 —	
sweeter Punch.	ned beverage like Hawaiian			☐6 Other; specify:	\rightarrow	□0	□1	□ 2	□3	
Sweets	Any type of sweet baked good, or frozen dessert (muffins, donuts,	□1	□ 2	a)b)	$\overset{\rightarrow}{\rightarrow}$	□0 □0	□1 □1	□2 □2	□3 □3	
cookies	brownies, cakes, pies, candy	Go to Q. 10	Go to next	(c)	→ → →				□3 □3	
₽ Q. 11	andy, ice cream) SERVING TIP: a serving is a	⊲ . 10	below	(e)	\rightarrow					
cookie,	a slice of pie or cake, a brownie, a a candy bar, or a scoop of ice			Write the types of sweets by name.						
cream.						½ or	_			
High-fa	t snacks that aren't sweet (potato	□ 1	□ 2	a)	\rightarrow	Less □0	S □1	M □2		Supersize □ ₄
chips, c	forn chips, French fries, popcorn ter, fried onion rings, hash	Go to	↓ Go to	(b)	\rightarrow				□3 □3	□4 □4 □4
browns		Q. 10	Q. 12	c) d) e)	$\overrightarrow{\rightarrow}$				□3 □3	□- □4 □4
	SERVING TIP: indicate the size ortion – was it a small, medium,			Write the types of high-fat snacks.	,					
	supersize serving/bag/box?									

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12.		_	evening m	NE: Evening Meal or Supper eal/supper or not? ("X" ONE Box)						
13.	Home Served by school cafeteria Served by fast food restaurant at At a school vending machine	for an e	evening me	Other type of restaura Day care provider or fa Other: (PLEASE SPECIF	or food nt acility/	court friend's h	PPLY			7 8
evening	Convenience store I your child eat/drink any of the foll meal/supper or not? ("X" ONE BOATEGORY)	or an	15. What types of foods/beverage of your child eat/drink in this category?		16. How many servings of each your child eat/drink in this category serving is your child's normal portice If less than 1 serving, "X" the box u "1/2." ("X" ONE BOX OR WRITE IN A NUMBER FOR EACH ITEM RECORDED QUESTION 15.)					
Food ca	ategory	Yes	No			½ or Less	1	2	3	More than 3 (write in)
Question each type to record	ast cereals (only) Under in 15, write the brand name of the of hot or cold cereal. No need d breads, crackers or pasta. SERVING TIP: a serving is your normal portion or bowl.	□1 Go to Q. 15	□2 ↓ Go to next item below	a) b) c) d) e) If your child ate more than one type of cereal, indicate how much of each cer	→ → → → real		□1 □1 □1 □1	□2 □2 □2 □2 □2	□3 □3 □3 □3 □3	
write the salad (find one line contained)		□1 Go to Q. 15	□2 ↓ Go to next item below	type he/she ate. a) b) c) d) e) Include the brand name of juices.			□1 □1 □1 □1	□2 □2 □2 □2 □2	□3 □3 □3 □3 □3	
glass of salad, o include	SERVING TIP: a serving is a juice, a piece of fruit, a bowl of r a big scoop of cut vegetables; fruits or vegetables that were part w, casserole, etc.			<u>not</u> include French fries or hash browr this section; instead, include them with "High-fat snacks" section.						
Include canned © Q. 16	SERVING TIP: a serving is a meat, a scrambled egg, a handful	□1 Go to Q. 15	□2 ↓ Go to next item below	a) b) c) d) e)	→ → → → →		□1 □1 □1 □1	□2 □2 □2 □2 □2	□3 □3 □3 □3 □3	
Dry bearefried, of they was cassero	Ins (lentil, black, chili, pinto, dried split peas) <i>Include dry beans</i> vere part of a soup, salad, le, etc. SERVING TIP: a serving is a f cooked dry beans, a bowl of chili	□1 Go to Q. 16	□2 ↓ Go to next item below	How many servings? (No need to record the type of beans the/she ate.)	→ that	□0	□1	□ 2	□3	
milkshal poured milk; for content, PQ. 16 glass or	ilk (regular milk, chocolate milk, kes) Include milk that your child over cereal as well as flavored flavored milk, indicate its fat not its flavor. SERVING TIP: a serving is a carton of milk or milk poured over of cereal.	□1 Go to Q. 15	□2 ↓ Go to next item below	□1 Whole milk □2 2% fat milk □3 1% fat milk □4 Skim/fat-free/non-fat milk □5 Milkshake □6 Don't know fat content of milk	→ → → → →			□2 □2 □2 □2 □2 □2	□3 □3 □3 □3 □3 □3	
mozzare	(American, cheddar, cottage, ella on pizza) SERVING TIP: a serving is a cheese, cheese on a slice of r a serving of a dish that ed cheese.	□1 Go to Q. 16	□2 ↓ Go to next item below	How many servings? (No need to record the type of cheese he/she ate.)	→ that	□0	□1	□ 2	□3	
soda/so to include drinks the	oft drink Indicate the type of ft drink your child drank; no need the the brand name; include soft nat are not carbonated. SERVING TIP: a serving is a serving of part of part or part of par	□1 Go to Q. 15	□2 ↓ Go to next item below	□ Bottled, prè-sweetened tea (Arizona, Snapple) □ Flavored and sweetened bottled	→ → → → → →			□2 □2 □2 □2 □2	□3 □3 □3 □3	
sweeter	an or bottle of soda or other ned beverage like Hawaiian			water (Clearly Canadian) Gother; specify:	\rightarrow	□0	□1	□ 2	□3	
candy o cookies bars, ca Q. 16 donut, a	Any type of sweet baked good, r frozen dessert (muffins, donuts, , brownies, cakes, pies, candy ndy, ice cream) SERVING TIP: a serving is a slice of pie or cake, a brownie, a a candy bar, or a scoop of ice	□1 Go to Q. 15	□2 ↓ Go to next item below	a) b) c) d) e) Write the types of sweets by name.	→ → → →		□1 □1 □1 □1 □1	□2 □2 □2 □2 □2	□3 □3 □3 □3 □3	
						½ or Less	s	М	L	Supersize
chips, cowith but browns) Q. 16 of the po	t snacks that aren't sweet (potato orn chips, French fries, popcorn ter, fried onion rings, hash SERVING TIP: indicate the size ortion – was it a small, medium, supersize serving/bag/box?	□1 Go to Q. 15	□2 ↓ Go to Q. 17	a) b) c) d) e) Write the types of high-fat snacks.	→ → → →				□3 □3 □3 □3 □3 □3	□4 □4 □4 □4 □4

At a school vending machine	17.	Did your child eat or d	DAY ONE: Morning rink anything for a morning sna	Snack (Between Breakfast and ck or not? ("X" ONE Box)	d Lunch)				
An achoe vending monthine							ON 20)		
Served by school carledn's personner at action	18.	-	_			-			
FOODS/BEVERAGES EATEMDRANK Type and/or Flavor T	Served	l by school cafeteria	2 Convenience	e store 5	Day care pr	ovider	or facilit	ty/friend	's house. 🗌 8
Type and/or Flavor (br. who when appropriate) EXAMPLE: Milk Whole	19.	Please list all the food	beverage items that your child	ate/drank for a morning snack.					
Type and/or Flavor Type an			FOODS/BI	EVERAGES EATEN/DRANK	How many	comin	as of o	ach did	vour child
EXAMPLE:			Type and/or Flavor		eat/drink? portion. If I under "1/2. NUMBER FO	A servi less tha " ("X"	ing is yo an 1 ser One Bo	our child ving, "X	rs normal " the box RITE IN A
Milk Whole □3 83 □2 □3 □3 □4 □5 □5 □5 □5 □5 □5 □5		Food/Beverage Item Eaten/Drank	(for soda, list the type) (for milk, list the fat content)	(when known, when appropriate) (for juice, list the brand name)		1	2	3	
Cookies	EXAM	PLE:							
Day ONE: Evoning/After-Supper Snack Day One: Evoning/After-Supper		<u>Milk</u>	<u>Whole</u>		□0	⊠1	□ 2	□3	
DAY ONE: Mid-Day Snack (Between Lunch and Supper) Day One: Mid-Day Snack (Between Lunch and Supper)		Cookies	<u>Chocolate</u>		□0	□1	⊠2	□3	
DAY ONE: Mid-Day Snack (Botween Lunch and Suppor) 20. Did your child eat or drink anything for a mid-day snack or not? ("X" ONE BOX) Yes								-	
DAY ONE: Mid-Day Snack (Between Lunch and Supper) 20. Did your child eat or drink anything for a mid-day snack or nor? ("X" ONE BOX) Yes									
DAY ONE: Mid-Day Snack (Between Lunch and Supper) 20. Did your child eat or drink anything for a mid-day snack or not? ('X' ONE Box) Yes					-			-	
20. Did your child eat or drink anything for a mid-day snack? If "other," write in where. ("X" ALL THAT APPLY) Home					□0	□1	□2	Пз	
20. Did your child eat or drink anything for a mid-day snack? If "other," write in where. ("X" ALL THAT APPLY) Home			DAY ONE, Mid Do	Caracla (Baharana Laurah ana)		I		1	
No					oupper)				
Where did your child get the food for a mid-day snack? If "other," write in where. ("X" ALL THAT APPLY)	20.				(SVID TO () LECTIV	DN 22)		
Home 1 At a school vendling machine 4 Other type of restaurant	21				-		JN 23)		
Served by school cafeteria 2 Convenience store 5 Day care provider or facility/friend's house. 8 Other: (PLEASE SPECIFY) 9			•	•		•	urant		□ 7
Please list all the food/beverage items that your child ate/drank for a mid-day snack. FOODS/BEVERAGES EATEN/DRANK	Served	l by school cafeteria	2 Convenience	e store 5	Day care pr	ovider	or facilit	ty/friend	's house. 🗌 8
FOODS/BEVERAGES EATEN/DRANK Food/Beverage Type and/or Flavor (for soda, list the type) (for milk, list the fat content) Food/Beverage Item Eaten/Drank Food/Beverage Item Eaten/Dr		_			Other: (PLE	ASE SP	ECIFY)_		
Type and/or Flavor (for soda, list the type) (for milk, list the fat content) Type and/or Flavor (for soda, list the type) (for milk, list the fat content)	22. 	Please list all the food	/beverage items that your child	ate/drank for a mid-day snack.					
Served by school cafeteria			FOODS/BI	EVERAGES EATEN/DRANK	How many	servin	as of ea	ach did	vour child
Type and/or Flavor (for soda, list the type) (for milk, list the fat content) Same Name (when known, when appropriate) (for juice, list the brand name) Same Name (when known, when appropriate) (for juice, list the brand name) Same Name (when known) when appropriate) Same Name (location)					eat/drink?	A servi	ina is vo	our chila	's normal
Food/Beverage (for soda, list the type) (for milk, list the fat content) (for juice, list the brand name) Ye or			Type and/or Flavor	Brand Name	under "1/2.	" ("X"	ONE BO	OX OR W	RITE IN A
DAY ONE: Evening/After-Supper Snack Day our child eat or drink anything for an evening/after-supper snack or not? ("X" ONE Box) Yes			(for soda, list the type)	(when known, when appropriate)	½ or			3	
DAY ONE: Evening/After-Supper Snack Day ONE: Evening/After-Supper Snack Day One Box Da		item Later/Drank	(101 THINK, HSt the lat content)	(101 Juice, list the brand name)					(WITE III)
DAY ONE: Evening/After-Supper Snack 23. Did your child eat or drink anything for an evening/after-supper snack or not? ("X" ONE BOX) Yes									
DAY ONE: Evening/After-Supper Snack 23. Did your child eat or drink anything for an evening/after-supper snack or not? ("X" ONE BOX) Yes					□0	□1	□2	□3	
DAY ONE: Evening/After-Supper Snack 23. Did your child eat or drink anything for an evening/after-supper snack or not? ("X" ONE Box) Yes					-				
23. Did your child eat or drink anything for an evening/after-supper snack or not? ("X" ONE Box) Yes					□0	□1	□ 2	□3	
23. Did your child eat or drink anything for an evening/after-supper snack or not? ("X" ONE Box) Yes									
Yes			DAY ONE	: Evening/After-Supper Snack					
Where did your child get the food for an evening/after-supper snack? If "other," write in where. ("X" ALL THAT APPLY) Home	23.	=			-	_			
Home			_						
Served by school cafeteria	24.	-	_		-			-	_
Served by fast food restaurant at school									
FOODS/BEVERAGES EATEN/DRANK How many servings of each did your child eat/drink? A serving is your child's normal portion. Type and/or Flavor (for soda, list the type) (for milk, list the fat content) Serving is your child's normal portion. Numbers for Each ITEM)									
Type and/or Flavor (for soda, list the type) (for milk, list the fat content) More than 3 Part Part	25.	Please list all the food	/beverage items that your child	ate/drank for an evening/after-su	pper snack.				
Type and/or Flavor (for soda, list the type) (for milk, list the fat content) Type and/or Flavor (for soda, list the type) (for milk, list the fat content) Type and/or Flavor (for soda, list the type) (for milk, list the fat content) Type and/or Flavor (for soda, list the type) (for milk, list the fat content) Type and/or Flavor (for soda, list the type) (for juice, list the brand name) Type and/or Flavor (for soda, list the type) (for juice, list the brand name) Type and/or Flavor (for soda, list the type) (for juice, list the brand name) Type and/or Flavor (for soda, list the type) (for juice, list the brand name) Type and/or Flavor (for soda, list the type) (for juice, list the brand name) Type and/or Flavor (for soda, list the type) (for juice, list the brand name) Type and/or Flavor (for soda, list the type) (for juice, list the brand name) Type and/or Flavor (for soda, list the type) (for juice, list the brand name) Type and/or Flavor (for Soda, list the type) (for juice, list the brand name) Type and/or Flavor (for soda, list the type) (for juice, list the brand name) Type and/or Flavor (for Soda, list the type) (for juice, list the brand name) Type and/or Flavor (for X' ONE BOX OR WRITE IN A NUMBER FOR EACH ITEM) Type and/or Flavor (for Soda, list the type) (for juice, list the brand name) Type and/or Flavor (for X' ONE BOX OR WRITE IN A NUMBER FOR EACH ITEM) Type and/or Flavor (for X' ONE BOX OR WRITE IN A NUMBER FOR EACH ITEM) Type and/or Flavor (for X' ONE BOX OR WRITE IN A NUMBER FOR EACH ITEM) Type and/or Flavor (for X' ONE BOX OR WRITE IN A NUMBER FOR EACH ITEM) Type and/or Flavor (for X' ONE BOX OR WRITE IN A NUMBER FOR EACH ITEM) Type and/or Flavor (for X' ONE BOX OR WRITE IN A NUMBER FOR EACH ITEM) Type and/or Flavor (for yellow) Type and/or Fl			FOODS/BI	EVERAGES EATEN/DRANK					
Type and/or Flavor (for soda, list the type) (for milk, list the fat content) Type and/or Flavor (for milk, list the fat content) Type and/or Flavor (for soda, list the type) (for milk, list the fat content) Type and/or Flavor (for juice, list the brand name)					eat/drink?	A serv	ina is va	our chila	's normal
Type and/or Flavor (for soda, list the type) (for milk, list the fat content) Type and/or Flavor (for soda, list the type) (for milk, list the fat content) Type and/or Flavor (for soda, list the type) (when known, when appropriate) (for juice, list the brand name) Type and/or Flavor (when known, when appropriate) (for juice, list the brand name) Type and/or Flavor (when known, when appropriate) (for juice, list the brand name) Type and/or Flavor (when known, when appropriate) (for juice, list the brand name) Type and/or Flavor (when known, when appropriate) (for juice, list the brand name) Type and/or Flavor (when known, when appropriate) (for juice, list the brand name) Type and/or Flavor (when known, when appropriate) (for juice, list the brand name) Type and/or Flavor (when known, when appropriate) (for juice, list the brand name) Type and/or Flavor (for soda, list the type) (when known, when appropriate) (for juice, list the brand name) Type and/or Flavor (when known, when appropriate) (for juice, list the brand name) Type and/or Flavor (for soda, list the type) (when known, when appropriate) (for juice, list the brand name) Type and/or Flavor (for juice, list the brand name) Type and/or Flavor (for juice, list the brand name) Type and/or Flavor (for juice, list the brand name) Type and/or Flavor (for juice, list the brand name) Type and/or Flavor (for juice, list the brand name) Type and/or Flavor (for juice, list the brand name) Type and/or Flavor (for juice, list the brand name) Type and/or Flavor (for juice, list the brand name) Type and/or Flavor (for juice, list the brand name) Type and/or Flavor (for juice, list the brand name) Type and/or Flavor (for juice, list the brand name) Type and/or Flavor (for juice, list the brand name)								vina "X	"the hov
Item Eaten/Drank (for milk, list the fat content) (for juice, list the brand name) Less 1 2 3 (write in)	1				portion. If i under "1/2	less tha " (" X "	ONE BO	X OR W	RITE IN A
		Food/Reverage	Type and/or Flavor		under "1/2. NUMBER FC	" ("X"	ONE BO	OX OR W	RITE IN A
		Food/Beverage Item Eaten/Drank	(for soda, list the type)	(when known, when appropriate)	under "1/2. NUMBER FO 1/2 or	" ("X")R EAC	ONE BO	OX OR W	More than 3
		Food/Beverage Item Eaten/Drank	(for soda, list the type)	(when known, when appropriate)	under "1/2. NUMBER FO 1/2 or Less	" ("X" OR EACH	ONE BO HITEM)	OX OR W	More than 3
		Food/Beverage Item Eaten/Drank	(for soda, list the type)	(when known, when appropriate)	under "1/2. NUMBER FC 1/2 or Less	" ("X" OR EACH 1 1 1	ONE BO 1 ITEM) 2 2 2 2 22	3	More than 3 (write in)
		Food/Beverage Item Eaten/Drank	(for soda, list the type)	(when known, when appropriate)	under "1/2. NUMBER FO 1/2 or Less □0 □0 □0	" ("X" OR EACH 1 1 1 1 1 1 1	ONE BO H ITEM) 2 □2 □2 □2	3	More than 3 (write in)

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DAY ONE: Physical Activity

- 26. What was the <u>primary</u> way your child got *to school* today? ("X" ONE BOX UNDER Q.26.)
- 27. What was the <u>primary</u> way your child got home *from school* today? ("X" ONE BOX UNDER Q. 27.)

	; \ !	School bus Walked Rode bicycl	e			<u>To \$</u>		Q. 27 M SCHOOL ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5		
28. Did your c re/she physica luring this part "X" ONE BOX HE DAY)	lly active an of the day?	y time	29. Type of exerce physical activity, or sports in which you child participated or this part of the day (Record the type of activity/exercise with appropriate peof the day; include your child did in gy class or recess.)	r ur luring of ithin riod what	30. Number of minu your child spent doing each exercise or activity. (Record the number of minutes your child sp with each exercise/activity in the space below; include time your child spent gym/PE class or recess.)	g of ent e	exercise or activity? (Read each of the three categories below to your child and identify the one that best fits how vigorously he/she participated in each exercise/activity recorded under Question 29.) ("X" EITHER LIGHT, MODERATE, OR HARD FOR EACH EXERCISE/ACTIVITY IN Q. 29.)			
PART OF THE DAY	YES	No	Types of Exerc	ise	Minutes of Exercis Physical Activity		LIGHT Includes walking to school or swinging on a swing	MODERATE Includes bicycling, roller-skating, skate-boarding, and dancing	HARD Includes running, basketball, and sprint or distance swimming	
Morning 5 a.m. to 0:59 a.m.)	☐ 1 ↓ Go to Q. 29	☐ 2 ↓ Go to next part of day below					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3	
Afternoon 11 a.m. to ::59 p.m.)	□ 1 ↓ Go to Q. 29	☐ 2 ↓ Go to next part of day below	3				1 1 1 1 1 1	2 2 2 2 2 2	3 3 3 3 3 3	
Evening 5 p.m. or later)	☐ 1 ↓ Go to Q. 29	☐ 2 ↓ Go to Q. 32	123456				1 1 1 1 1 1	2 2 2 2 2 2	3 3 3 3 3 3	
		any com three ma	your child watch an puter/video games jor parts of the day	for fun ?	ideos <u>for fun</u> or play during each of the THE DAY)	<u>fun</u> duri (Oi	or play computer ging each of the thre	es did your child watch ames or play video g e major parts of the watching or video/co of work.)	games <u>for fun</u> day?	
PART OF THE DAY Morning 5 a.m. to 10:59 a.m.) Yes No Minut 2 Go to Q. 33 Go to next part of day below						Minutes				
Afternoon 11 a.m. to 4:59	9 p.m.)		☐ 1 → Go to Q. 33	Go to						
Evening 5 p.m. or later)			☐ 1 Go to Q. 33		☐ ² Go to DAY TWO on next page					

			DAY TWO							
1. Indicate the school day represented by Day Two of your child's journal. ("X" ONE Box) Tuesday										
10000ay	vvodin	-	WO: Breakfast/Morning Meal		aay			_		
 Did your child eat or drink anythi 	na durina									
Yes	-	=	· _	IP TO	QUESTION	17)				
	_	<u> </u>	other," write in where. ("X" ALL THAT A			,				
Home										
Served by school cafeteria Served by fast food restaurant <u>a</u>										
At a school vending machine			Other: (PLEASE SPECIF	-						
Convenience store					10 11				9	
4. Did your child eat/drink any of the follow or not? ("X" ONE BOX FOR EACH FOOD CA	ATEGORY)	5. What types of foods/beverage did y child eat/drink in this category?	oui	vour chil	d eat	drink/	in this	of <u>each</u> did s category? A rmal portion.	
					If less th	an 1	servir	1q. "Χ'	the box under WRITE IN A	
						FOR I			RECORDED AT	
Food category	Yes	No			½ or Less	1	2	3	More than 3 (write in)	
Breakfast cereals (only) Under		□ 2	a)	>	□0	□ 1	□ 2	□3		
Question 5, write the brand name of each type of hot or cold cereal. No need to	Go to	↓ Go to next		→ → →				□3 □3		
record breads, crackers or pasta.	Q. 5	item below	d) e)	\rightarrow			\square_2	□3 □3		
			If your child ate more than one type of cereal, indicate how much of <u>each</u> cere							
Fruits, vegetables, 100% juices	□ 1	□ 2	type he/she ate. a)	→	□0	□ 1	□ 2	□ 3		
(vegetable or fruit), salads If a juice, write the brand name of the juice; if a	Go to	↓ Go to next	b)	\rightarrow	\Box_0		\square_2	□3 □3		
salad (fruit or vegetable), list the salad on one line only and describe what it	Q. 5	item below	d) e)	$\stackrel{\rightarrow}{\rightarrow}$	\Box_0		\square_2	□3 □3		
contained.			Include the brand name of juices. D	00						
			<u>not</u> include French fries or hash brown this section; instead, include them with	s in						
or a big scoop of cut vegetables; include fruits or vegetables that were part of a			"High-fat snacks" section.							
stew, casserole, etc. Protein (meats, fish, poultry, nuts, eggs)	□ 1	□2	a)	→	По	□ 1	□ 2	□ 3		
Include peanut butter, lunch meats and canned meats.	Go to	$\overline{\downarrow}$ Go to next	b)	$\stackrel{\checkmark}{\Rightarrow}$				□3 □3		
■Q. 6 SERVING TIP: a serving is a slice of meat, a scrambled egg, a handful of	Q. 5	item below	d) e)	$\stackrel{\checkmark}{\Rightarrow}$			\square_2	□3 □3		
nuts, etc. Dry beans (lentil, black, chili, pinto,	□ 1	□ 2	How many servings?	→	□₀	□ 1	□ 2	□ 3		
refried, dried split peas) Include dry beans if they were part of a soup, salad,	Go to	\downarrow	(No need to record the type of beans to					اد		
casserole, etc. Q. 6 SERVING TIP: a serving is a	Q. 6	item below	he/she ate.)	iiai						
scoop of cooked dry beans, a bowl of chili with beans, etc.										
Fluid milk (regular milk, chocolate milk,	□1	□ 2	□1 Whole milk	\rightarrow	□ ₀			□ 3		
milkshakes) Include milk that your child poured over cereal as well as flavored	Go to Q. 5		□2 2% fat milk □3 1% fat milk	\rightarrow		□1 □1 □1	□2 □2 □2	□3 □3 □3		
milk; for flavored milk, indicate its fat content, not its flavor.		item below	□4 Skim/fat-free/non-fat milk □5 Milkshake □6 Don't know fat content of milk	$\overrightarrow{\rightarrow}$				□3 □3 □3		
■ Q. 6 SERVING TIP: a serving is a glass or carton of milk or milk poured over a			Don't know lat content of milk	7			۵۷	ı		
bowl of cereal. Cheese (American, cheddar, cottage,	□1	□ 2	How many servings?	→	□0	□ 1	□ 2	Пз		
mozzarella on pizza) Q. 6 SERVING TIP: a serving is a slice	Go to	Go to next	(No need to record the type of cheese	that						
of cheese, cheese on a slice of pizza, or a serving of a dish that contained cheese.	Q. 6	item below	he/she ate.)							
Soda/soft drink Indicate the type of soda/soft drink your child drank; no need	□ 1	□2 ↓	□1 Regular soda/pop □2 Diet soda/pop	$\overset{\rightarrow}{\rightarrow}$	□0 □0		□2 □2	□3 □3		
to include the brand name; include soft drinks that are <u>not</u> carbonated.	Go to Q. 5	Go to next item	☐3 Drink-ade (Hi-C, Sunny Delight) ☐4 Bottled, pre-sweetened tea	\rightarrow	□0 □0		□2 □2	□3 □3		
		below	(Arizona, Snapple) □5 Flavored and sweetened bottled	\rightarrow	□0	□1	□ 2	Пз		
glass, can or bottle of soda or other sweetened beverage like Hawaiian			water (Clearly Canadian) □6 Other; specify:	\rightarrow	□0	□ 1	□ 2	Пз		
Punch. Sweets Any type of sweet baked good,	□ 1	□ 2	a)	\rightarrow	□0	□ 1	□ 2	□ 3		
candy or frozen dessert (muffins, donuts, cookies, brownies, cakes, pies, candy	Go to	$\overline{\downarrow}$ Go to next	b)	$\stackrel{\rightarrow}{\rightarrow}$			□2 □2	□3 □3		
bars, candy, ice cream) Q. 6 SERVING TIP: a serving is a	Q. 5	item below	d) e)	$\stackrel{\checkmark}{\Rightarrow}$		□1 □1	\square_2	□3 □3		
donut, a slice of pie or cake, a brownie, a cookie, a candy bar, or a scoop of ice			Write the types of sweets by name.							
cream.					½ or					
High-fat snacks that aren't sweet (potato	□1	□ 2	a)	_	Less	S □1	M □2	L □3	Supersize □4	
chips, corn chips, French fries, popcorn with butter, fried onion rings, hash	Go to	↓ ↓ Go to	b) c)	$\stackrel{\prime}{\Rightarrow}$				□3 □3 □3	□4 □4 □4	
browns)	Q. 5	Q. 7	d) e)	→ → →				□3 □3 □3	□4 □4 □4	
■Q. 6 SERVING TIP: indicate the size of the portion – was it a small, medium,			Write the types of high-fat snacks.	,						
large or supersize serving/bag/box?										

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			DAY T	WO: Mid-Day Meal or Lunch						
7.	Did your child eat or drink anythin	ng for a r	mid-day me	eal/lunch or not? ("X" ONE BOX)						
	Yes	[1	No ☐ 2 → (S k	(IP TO	QUESTION	12)			
8.	Where did your child get the food	d for a m	id-day mea	al/lunch? If "other," write in where. ("X"	"ALL	Т НАТ А РР	LY)			
	Home									
	Served by school cafeteria Served by fast food restaurant at									
	At a school vending machine			. 4 Other: (PLEASE SPECII						
	Convenience store									🔲 9
day me Food C	d your child eat/drink any of the foll al/lunch or not? (" X" One Box For CATEGORY)	EACH		10. What types of foods/beverage of your child eat/drink in this category?	in this d's no. ng, "X' DX OR I	is of each did scategory? A rmal portion. If the box under WRITE IN A RECORDED AT				
	ategory ast cereals (only) <i>Under</i>	Yes □₁	No □2	a)	→	Less	1 □1	2 □2	3 □3	(write in)
Questic	on 10, write the brand name of pe of hot or cold cereal. No need	Go to	$\overrightarrow{\downarrow}$ Go to next	b)	$\stackrel{\checkmark}{\rightarrow}$			□ 2	□3 □3	
	rd breads, crackers or pasta.	Q. 10	item	d)	ź			□ 2	□3 □3	
	SERVING TIP: a serving is your		below	lf your child ate more than one type of				L 12	□ 3	
	normal portion or bowl.			cereal, indicate how much of <u>each</u> cer type he/she ate.	ear					
Fruits, (vegeta	vegetables, 100% juices lble or fruit), salads If a juice,	□1	□2 ↓	a) b)	\rightarrow			\square_2	\square 3 \square 3	
	e brand name of the juice; if a ruit or vegetable), list the salad on	Go to Q. 10	Go to next item	(c)	\rightarrow			□ 2	□3 □3	
one line	only and describe what it		below	e)	\rightarrow	□0	□1	□ 2	□3	
	SERVING TIP: a serving is a			Include the brand name of juices. In not include French fries or hash brown						
glass of salad, of include	f juice, a piece of fruit, a bowl of or a big scoop of cut vegetables; fruits or vegetables that were part w, casserole, etc.			this section; instead, include them with "High-fat snacks" section.						
Protein	(meats, fish, poultry, nuts, eggs)	□ 1	□ 2	a)	}	□0	□1		□3	
Include canned	peanut butter, lunch meats and meats.	Go to	↓ Go to next	b)	$\stackrel{\rightarrow}{\rightarrow}$			□ 2	□3 □3	
	SERVING TIP: a serving is a meat, a scrambled egg, a handful	Q. 10	item below	d) e)	$\stackrel{\rightarrow}{\rightarrow}$				□3 □3	
of nuts,	etc. ans (lentil, black, chili, pinto,	□ 1	□ 2	How many servings?	→	□0	□ 1	□ 2	□3	
refried,	dried split peas) <i>Include dry beans</i> vere part of a soup, salad.	Go to	\downarrow	(No need to record the type of beans to	that					
cassero		Q. 11	item below	he/she ate.)						
scoop c	of cooked dry beans, a bowl of chili ans, etc.		20.011							
Fluid m	nilk (regular milk, chocolate milk,	□1	 2	□1 Whole milk	>	o			□3	
poured	kes) Include milk that your child over cereal as well as flavored	Go to		□2 2% fat milk □3 1% fat milk	\rightarrow			\square_2	□3 □3	
	r flavored milk, indicate its fat , not its flavor.	Q. 10	item below	□4 Skim/fat-free/non-fat milk □5 Milkshake	$\stackrel{\rightarrow}{\rightarrow}$			\square_2	□3 □3	
	SERVING TIP: a serving is a r carton of milk or milk poured over			☐6 Don't know fat content of milk	\rightarrow	□0	□1	□ 2	□3	
a bowl	of cereal. (American, cheddar, cottage,	□ 1	□ 2	How many servings?	→	□₀	□ 1	□ 2	□3	
mozzar	ella on pizza) SERVING TIP: a serving is a	Go to	\downarrow	(No need to record the type of cheese					٦	
slice of	cheese, cheese on a slice of	Q. 11	item below	he/she ate.)	inai					
contain	or a serving of a dish that ed cheese.		Delow							
soda/so	oft drink Indicate the type of of of drink your child drank; no need	□1	\downarrow 2	□1 Regular soda/pop □2 Diet soda/pop	\rightarrow				□3 □3	
	de the brand name; include soft hat are not carbonated.	Go to Q. 10	Go to next item	□3 Drink-ade (Hi-C, Sunny Delight) □4 Bottled, pre-sweetened tea	\rightarrow			\square_2	□3 □3	
	SERVING TIP: a serving is a		below	(Arizona, Snapple) □5 Flavored and sweetened bottled	\rightarrow	□0	□ 1	□ 2	Пз	l
glass, c	an or bottle of soda or other ned beverage like Hawaiian			water (Clearly Canadian) Other; specify:	→	□₀	□ 1	□ 2	□3	<u> </u>
Punch.		1					_		-	<u> </u>
candy c	Any type of sweet baked good, or frozen dessert (muffins, donuts,	□1 Ca 4a	□2 ↓	(a) (b)	→ →				□3 □3	
bars, ca	, brownies, cakes, pies, candy andy, ice cream)	Go to Q. 10	Go to next item	d)	\rightarrow				□3 □3	
	SÉRVING TIP: a serving is a a slice of pie or cake, a brownie, a		below	e)	\rightarrow	□0	□1	□ 2	□3	
	a candy bar, or a scoop of ice									
						½ or Less	s	м	L	Supersize
High-fa	t snacks that aren't sweet (potato	□1	□2 ↓	a)	→	□₀	□1	 2	Пз	□4
with but	orn chips, French fries, popcorn tter, fried onion rings, hash	Go to	Go to	b)	$\overrightarrow{\rightarrow}$				□3 □3 □0	□4 □4
browns	,	Q. 10	Q. 12	d)	$\stackrel{\Rightarrow}{\rightarrow}$				□3 □3	□4 □4
of the p	SERVING TIP: indicate the size ortion – was it a small, medium,			Write the types of high-fat snacks.						
large or	supersize serving/bag/box?									I

12. Did you		_	evening m	WO: Evening Meal or Supper leal/supper or not? ("X" ONE BOX)	// - - - -	0	. 45\			
Home . Served Served	Yes did your child get the food I by school cafeteria I by fast food restaurant at thool vending machine	d for an e	evening me	Other type of restaura Day care provider or 1	"X" AI or food ant facility/	court	APPLY			7
14. Did your chi	nience storeld eat/drink any of the foll pper or not? ("X" ONE Bo	owing fo	or an	. □ 5		your chil serving i If less th "1/2." (" NUMBER QUESTIC	ow ma d eat is you an 1 X" O	any se drink ar chila servir NE BC EACH	erving in this d's no ng, "X"	gs of <u>each</u> did s category? <i>A</i> rmal portion. " the box under WRITE IN A RECORDED AT
Food category		Yes	No			½ or Less	1	2	3	More than 3 (write in)
each type of hot to record breads	te the brand name of or cold cereal. No need , crackers or pasta. G TIP: a serving is your	□1 Go to Q. 15	□2 ↓ Go to next item below	a) b) c) d) e) If your child ate more than one type of cereal, indicate how much of each cereal.	→ → → → + real			□2 □2	□3 □3 □3 □3 □3	
(vegetable or from write the brand in salad (fruit or vegone line only and contained.	es, 100% juices uit), salads If a juice, ame of the juice; if a getable), list the salad on I describe what it	□1 Go to Q. 15	□2 ↓ Go to next item below	type he/she ate. a) b) c) d) e) Include the brand name of juices. Include french fries or hash brow.			□1 □1 □1 □1	□2 □2 □2	□3 □3 □3 □3 □3	
glass of juice, a p salad, or a big so include fruits or v of a stew, casse	piece of fruit, a bowl of coop of cut vegetables; regetables that were part role, etc.			this section; instead, include them wit "High-fat snacks" section.	hin					
Include peanut b canned meats. Q. 16 SERVIN	fish, poultry, nuts, eggs) utter, lunch meats and IG TIP: a serving is a ccrambled egg, a handful	□1 Go to Q. 15	□2 ↓ Go to next item below	a) b) c) d) e)	→ → → →		□1 □1 □1 □1		□3 □3 □3 □3 □3	
refried, dried spli if they were part casserole, etc. Q. 16 SERVIN	l, black, chili, pinto, t peas) <i>Include dry beans</i> of a soup, salad, IG TIP: a serving is a dry beans, a bowl of chili	□1 Go to Q. 16	□2 ↓ Go to next item below	How many servings? (No need to record the type of beans he/she ate.)	→ that	□0	□1	□ 2	□3	
milkshakes) Inclupoured over ceremilk; for flavored content, not its flav Q. 16 SERVIN	lar milk, chocolate milk, ude milk that your child eal as well as flavored milk, indicate its fat avor. G TIP: a serving is a f milk or milk poured over	□1 Go to Q. 15	□2 ↓ Go to next item below	□1 Whole milk □2 2% fat milk □3 1% fat milk □4 Skim/fat-free/non-fat milk □5 Milkshake □6 Don't know fat content of milk	$\rightarrow \rightarrow \rightarrow \rightarrow \rightarrow \rightarrow \rightarrow$		□1 □1 □1 □1 □1	$ \begin{array}{c} \square 2 \\ \square 2 \end{array} $		
mozzarella on pi:	G TIP: a serving is a cheese on a slice of ng of a dish that	□1 Go to Q. 16	□2 ↓ Go to next item below	How many servings? (No need to record the type of cheese he/she ate.)	→ e that	□0	□1	□ 2	□3	
soda/soft drink yeto include the bradrinks that are no	- IG TIP: a serving is a	□1 Go to Q. 15	□2 ↓ Go to next item below	□1 Regular soda/pop □2 Diet soda/pop □3 Drink-ade (Hi-C, Sunny Delight) □4 Bottled, pre-sweetened tea (Arizona, Snapple) □5 Flavored and sweetened bottled	→ → → →			$ \begin{array}{c} \square 2 \\ \square 2 \\ \square 2 \\ \square 2 \end{array} $ $ \square 2$	□3 □3 □3 □3 □3	
	tle of soda or other rage like Hawaiian			water (Clearly Canadian) □6 Other; specify:	\rightarrow	□0	□1	□ 2	□3	
Sweets Any type candy or frozen of cookies, brownie bars, candy, ice PQ. 16 SERVIN donut, a slice of	e of sweet baked good, dessert (muffins, donuts, s, cakes, pies, candy cream) IG TIP: a serving is a pie or cake, a brownie, a bar, or a scoop of ice	□1 Go to Q. 15	□2 ↓ Go to next item below	a) b) c) d) e) Write the types of sweets by name.	→ → → →		□1 □1 □1 □1	□2 □2 □2 □2 □2	□3 □3 □3 □3 □3	
						½ or Less	s	М	L	Supersize
chips, corn chips with butter, fried browns) Q. 16 SERVIN of the portion – v	that aren't sweet (potato , French fries, popcorn onion rings, hash G TIP: indicate the size vas it a small, medium, e serving/bag/box?	□1 Go to Q. 15	□2 ↓ Go to Q. 17	a) b) c) d) e) Write the types of high-fat snacks.	→ → → → →			□2 □2 □2 □2 □2	□3 □3 □3 □3 □3	□4 □4 □4 □4 □4

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17.	Did your child eat or o	drink anything for a morning snac	Snack (Between Breakfast and ck or not? ("X" ONE Box)	d Lunch)					
10			No	•		ON 20)			
18. Home	-	get the food for a morning snack	f. If "other," write in where. ("X" rending machine.		-	urant			7
Serve	d by school cafeteria	2 Convenience at school 3 Fast food res	e store 5	Day care pr	ovider	or facilit	y/friend	s house.	8
19.	•	d/beverage items that your child		Outon (1 22					0
		FOODS/BE	EVERAGES EATEN/DRANK						
EXAM	Food/Beverage Item Eaten/Drank	Type and/or Flavor (for soda, list the type) (for milk, list the fat content)	Brand Name (when known, when appropriate) (for juice, list the brand name)	How many eat/drink? portion. If I under "1/2. NUMBER FO 1/2 or Less	A servi less tha " ("X"	ing is yo an 1 sen One Bo	our child ving, "X	s normal the box	
EXAIVI	Milk	Whole		□0	⊠1	□ 2	□ 3		
	Cookies	Chocolate		□0	□ 1	□ 2	□3		
				□0 □0 □0 □0 □0	□1 □1 □1 □1 □1	□2 □2 □2 □2 □2	□3 □3 □3 □3 □3		
		DAY TWO: Mid-Da	y Snack (Between Lunch and S	Supper)					
20.	•	drink anything for a mid-day snac	,						
			No 2 -	-		ON 23)			
21.	-	get the food for a mid-day snack 1 At a school v	? If "other," write in where. ("X"		-	urant		🔲	7
Serve	d by school cafeteria	2 Convenience at school 3 Fast food res	e store 5	Day care pr	ovider	or facilit	y/friend	s house.	8
22.	Please list all the food	d/beverage items that your child							
	Please list all the food Food/Beverage Item Eaten/Drank	FOODS/BE	EVERAGES EATEN/DRANK	How many eat/drink? portion. If I under "1/2. NUMBER FO ½ or Less	A servi less tha " ("X"	ing is yo an 1 sen One Bo	our child vina. "X	s normal the box RITE IN A More than 3	
	Food/Beverage	Type and/or Flavor (for soda, list the type)	EVERAGES EATEN/DRANK Brand Name (when known, when appropriate)	eat/drink? portion. If I under "1/2. NUMBER FO 1/2 Or	A servi less tha " ("X" DR EACH	ing is yo an 1 sen ONE BO HITEM)	our child ving, "X OX OR WI	s normal the box	
	Food/Beverage	Type and/or Flavor (for soda, list the type) (for milk, list the fat content)	Brand Name (when known, when appropriate) (for juice, list the brand name)	eat/drink? portion. If under "1/2. NUMBER FO 1/2 or Less	A services that the services are the services and the services are the ser	ing is you an 1 sen ONE BO HITEM) 2 12 12 12 12 12	aur child ving, "X X OR Wi 3 \(\Pi \) 3 \(\Pi \) 3 \(\Pi \) 3 \(\Pi \) 3	's normal " the box RITE IN A More than 3 (write in)	
22	Food/Beverage Item Eaten/Drank Did your child eat or or or you where did your child with the control of the co	Type and/or Flavor (for soda, list the type) (for milk, list the fat content) DAY TWO drink anything for an evening/after get the food for an evening/after 1 At a school v 2 Convenience at school 3 Fast food res	Brand Name (when known, when appropriate) (for juice, list the brand name) Evening/After-Supper Snack er-supper snack or not? ("X" ON No	eat/drink? portion. If junder "1/2. NUMBER FO 1/2 Or Less Do Do Do Do The Service of the servic	A services that ("X") OR EACH 1 1 1 1 1 1 1 1 1 1 1 1 1	ing is you an 1 serion 1 serion 2 Control 2 Co	aur child ving, "X X OR WI 3 3 3 3 3 3 3 3 y/friend	's normal " the box RITE IN A More than 3 (write in)	7 8
22.	Food/Beverage Item Eaten/Drank Did your child eat or or or you where did your child with the control of the co	Type and/or Flavor (for soda, list the type) (for milk, list the fat content) DAY TWO drink anything for an evening/after get the food for an evening/after 1 At a school v 2 Convenience at school 3 Fast food res	Brand Name (when known, when appropriate) (for juice, list the brand name) Evening/After-Supper Snack er-supper snack or not? ("X" On No	eat/drink? portion. If junder "1/2. NUMBER FO 1/2 or Less Do Do Do GKIP TO CO There type of Country type of	A services that the services the services that t	ing is your and 1 serion 1 serion 1 serion 2	aur child ving, "X X OR Wi 3 3 3 3 3 3 3 3 3	's normal " the box RITE IN A More than 3 (write in)	7 8
22.	Food/Beverage Item Eaten/Drank Did your child eat or or or you where did your child with the control of the co	Type and/or Flavor (for soda, list the type) (for milk, list the fat content) DAY TWO drink anything for an evening/after get the food for an evening/after 1 At a school v 2 Convenience at school 3 Fast food res d/beverage items that your child FOODS/BE Type and/or Flavor	Brand Name (when known, when appropriate) (for juice, list the brand name) Evening/After-Supper Snack er-supper snack or not? ("X" On No	eat/drink? portion. If junder "1/2. NUMBER FO 1/2 or Less Do Do Do KRIP TO CO To Where. (" Other type of Day care prooftion. If junder "1/2. NUMBER FO	A services that "("X" or EACH 1 1 1 1 1 1 1 1 1 A servin A servin A servin ("X" ""X"	ing is you an 1 sen ONE BO ITEM) 2	ach did did ving, "X Dispersion of the control of	r's normal r' the box RITE IN A More than 3 (write in)	7 8 9
22.	Food/Beverage Item Eaten/Drank Did your child eat or or your child with the food by school cafeteriad by fast food restaurant of the please list all the food Food/Beverage	Type and/or Flavor (for soda, list the type) (for milk, list the fat content) DAY TWO drink anything for an evening/after get the food for an evening/after 1 At a school v 2 Convenience at school 3 Fast food res d/beverage items that your child FOODS/BE Type and/or Flavor (for soda, list the type)	Brand Name (when known, when appropriate) (for juice, list the brand name) Evening/After-Supper Snack er-supper snack or not? ("X" On No	eat/drink? portion. If junder "1/2. NUMBER FO 1/2 or Less BOX) Cother type (Day care protion. If junder "1/2. NUMBER FO 1/2 or Less Cother "1/2. Cother	A services that the services t	ing is you an 1 serion one Both ITEM) 2	ach did ving, "X or wing, "X o	r's normal r' the box RITE IN A More than 3 (write in) Shouse. Shouse. Wour child r's normal r' the box RITE IN A More than 3	7 8 9

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DAY TWO: Physical Activity

- 26. What was the <u>primary</u> way your child got *to school* today? ("X" ONE BOX UNDER Q.26.)
- 27. What was the <u>primary</u> way your child got home *from school* today? ("X" ONE BOX UNDER Q. 27.)

		School bus Walked Rode bicycl	e			<u>To</u>		Q. 27 / SCHOOL ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5			
28. Did your of he/she physica during this par ("X" ONE BOX THE DAY)	child exercis ally active ar t of the day?	se or was ny time ?	29. Type of exerciphysical activity, or sports in which you child participated dithis part of the day. (Record the type of activity/exercise with appropriate per of the day; include your child did in gyclass or recess.)	ise, ur uring f ithin riod what	30. Number of minu your child spent doing each exercise or activity. (Record the number minutes your child sp with each exercise/activity in th space below; include time your child spent gym/PE class or recess.)	tes g of pent	exercise or activity? (Read each of the three categories below to your child and identify the one that best fits how vigorously he/she participated in each exercise/activity recorded under Question 29.) ("X" EITHER LIGHT, MODERATE, OR HARD FOR EACH				
PART OF THE DAY	YES	No	Types of Exerc	ise	Minutes of Exercis Physical Activity		LIGHT Includes walking to school or swinging on	MODERATE Includes bicycling, roller-skating, skate-boarding,	HARD Includes running, basketball, and sprint or distance		
Morning (5 a.m. to 10:59 a.m.)	☐ 1 ↓ Go to Q. 29	Go to next part of day below	3 4 5			- - -	a swing 1 1 1 1 1 1 1 1 1	and dancing 2 2 2 2 2 2 2 2 2 2 2 2	swimming 3 3 3 3 3 3 3 3		
Afternoon (11 a.m. to 4:59 p.m.)	☐ 1 ↓ Go to Q. 29	☐ 2 ↓ Go to next part of day below	2345			_	1 1 1 1 1 1	2 2 2 2 2	3 3 3 3 3 3		
Evening (5 p.m. or later)	☐ 1 ↓ Go to Q. 29	☐ 2 ↓ Go to Q. 32	1			 	1 1 1 1 1 1	2 2 2 2 2	3 3 3 3 3 3 3		
		any com three ma	your child watch an puter/video games in parts of the day?	for fun ?		fun dur (O	or play computer ging each of the thre	es did your child wate ames or play video o e major parts of the watching or video/co I work.)	games <u>for fun</u> day?		
PART OF THE DAY Morning					No D			Minutes			
Afternoon (11 a.m. to 4:5	·		Go to Q. 33 ☐ 1 Go to Q. 33		next part of day below 2 next part of day below						
Evening (5 p.m. or later	-)		☐ 1 Go to Q. 33		Go to Q. 1 on next page						

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		CHILD INF	FORMATION				
1.	What is your child's curren	t height in feet and inches? Please	measure without s	hoes. (WR	RITE IN)		
		Feet	Inches				
2.	What is your child's curren	t weight in pounds? (WRITE IN)					
			_ Pounds				
3.	In the past six months, has	your household received or used a	nv food stamps to	nurchase f	ood or not?		
.		Yes 1	No				
		res 🗀 i	INU	∟] 2		
FOR Y	YOUR CHILD TO COMPLETE	:					
4.	During this school year, ha QUESTION)	ve you had any lessons from a teacl				r about: ("X" ONE	Box For Each
	Fo	od, nutrition and your health?	<u>Yes</u> 	<u>No</u> □ 2	Not Sure ☐ 3		
		ercise and your health?			☐ 3 ☐ 3		
5.		("X" ONE BOX FOR EACH QUESTION	_	_	_		
J.	Dogs your sorroor accumy.	(A ONE DON'T ON EAST GOLDING	,	Vaa	No	Not Orma	
	Serve its studer	nts breakfast?		<u>Yes</u> □ ₁	<u>No</u> □ 2	Not Sure ☐ 3	
		nts hot lunches?		_		☐ 3	
		nts after-school snacks?			2	3	
	Ever make its s	tudents exercise during school (othe	r than recess)?	1	2	□ з	
6.	About how many times du	ing a school week do you eat a lunc	h served by your	school's ca	feteria? ("X	" ONE BOX)	
		None/not at all		По	ı		
		Only a few times a month or less of		_			
		1 time a week					
		2 times a week		🔲 2	!		
		3 times a week		🔲 з	;		
		4 times a week					
		5 times a week – every day of the					
		Does not apply – I attend home so	chool	[] 6	i		
7.	Are you a: ("X" ONE BOX						
	Boy	🗌 1 Girl	2				
8.	What is your current grade	in school? ("X" ONE BOX)					
		Third Grade] з				
		Fourth Grade					
		Fifth Grade					
		Sixth Grade					
		Other; what grade:					
9.	Do you currently attend pu	blic, parochial, private or home scho	ol? ("X" ONE BO)	()			
	Public 1	Parochial/religious	2 Other priv	/ate	🗌 з	Home school.	4
are	D PARENTS: Please review the no right or wrong answers. Vow much he/she exercised.	e completed questionnaire with your Ve want to make sure that your child	child to make sure has given the mos	he/she und t accurate	derstood the information a	questions. Keep in	mind there e/she ate or

Please place the completed questionnaire in the postage-paid envelope and mail it to us. Thank you for your help!